S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36557

Registrar's No. 10450

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1047a So. Taylor Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 18

(d) Street No. 1047a So. Taylor Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur D. McLean

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Elsie McLean

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 4th (Day) 1876 (Year)

8. AGE: Years 67 Months 4 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Chrevolet Motor Co.

FATHER
12. Name William McLean
13. Birthplace (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Mary Baxter
15. Birthplace (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs. Flora LaGant

(b) Address 3817 Manola Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th year 1943 hour 4 minute A.M. P.M.

21. I hereby certify that I attended the deceased from Nov 6th 43, to Nov 27th 43, that I last saw him alive on Nov 27th 43, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days

Due to

Due to

Other conditions Cardio Vascular Renal

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

Signature Joel Frankenfeld (M. D. or other)

Address 3601 Canna Ave. St. Louis Mo. Date signed 11/29/43

(Licensed Embalmer's Statement on Reverse Side)

Public Service 39th Park 1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Richard W. Stoessand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.